

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19809

State File No.

Registrar's No.

FILED JUN 19 1943

318

Primary Registration District No. 1003

5296

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Homer Del. Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)

3. (a) PRINT FULL NAME James Lofton

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Male 5. Color or race Col 6. (a) Single, widow, married, divorced Single
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 18 1907
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
36 1 15 hr. min.

9. Birthplace. (City, town, or county) Okla.
(State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name Emmett Lofton
13. Birthplace (City, town, or county) Miss
(State or foreign country)
14. Maiden name Annie Miner
15. Birthplace (City, town, or county) Miss
(State or foreign country)

16. (a) Informant Lofton
(b) Address Elmwood Park Mo
17. (a) Burial (b) Date thereof June 10 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director F. A. Green

(b) Address 2915 Franklin ave

19. (a) JUN 9 1943 (b) G. F. Bradeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 2203 Walnut (If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3
year 1943 hour minute M.

21. I hereby certify that I attended the deceased from 19... to 19...
that I last saw him alive on 19... and that death occurred on the date and hour stated above.

Immediate cause of death Internal hemorrhage from puncture wound of Aorta; with icepick in the hands of one Fred Holliday, Col. in the home at 2203a Walnut St., about 7:00 P.M. June 3, 1943

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 167

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Homicide
(b) Date of occurrence June 3, 1943
(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Home
(Specify type of place)

While at work? (Specify type of place) (b) Means of injury 3

23. Signature Thomas F. Callahan (M.D. or other)
Address Deputy Coroner Date signed 7-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No.

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.